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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53676

(0)

1. Corporation Name
ORANGE PARK DAIRY QUEEN, INC.

Principal Place of Business
562 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address
562 KINGSLEY AVE
ORANGE PARK FL 32073-4847



2. Principal Place of Business

21 610 Kingsley Ave.

Suite, Apt. #, etc.

22

City & State

23 ORANGE PARK, FL.

24 32073

Country

25 USA

2a. Mailing Address

26 610 Kingsley Ave.

Suite, Apt. #, etc.

27

City & State

28 ORANGE PARK, FL.

Zip

29 32073

Country

30 USA

3. Date Incorporated or Qualified
05/20/1991

3a. Date of Last Report
02/20/1996

4. FEI Number

59-3061400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

GALLAGHER, NANCY
562 KINGSLEY AVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 610 Kingsley Ave.

84 City

ORANGE PARK

FL

85 Zip Code

32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME GALLAGHER, NANCY
STREET ADDRESS 562 KINGSLEY AVE
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE D
NAME GALLAGHER, NANCY
STREET ADDRESS 562 KINGSLEY AVE
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE VP
NAME BUCHANAN, MELISSA
STREET ADDRESS 562 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 610 Kingsley Ave.
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 610 Kingsley Ave.
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 610 Kingsley Ave.
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Gallagher NANCY GALLAGHER 2/17/97 (904)2643207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0015639

CR2E034 (9/96)